



Raising Riley



Scholarship Application

What is a Raising Riley scholarship?

Through the Early Childhood Block Grant, the Raising Riley Program (RR) has an opportunity to improve the affordability of child care. The scholarship program allows parents/guardians that live in Manhattan/Riley County area the opportunity to receive financial assistance for child care if the preschool/daycare provider accepts RR funds. Raising Riley and the Riley County Health Department do not discriminate based on race, color, national origin, gender, age, disability, political beliefs, sexual orientation, religion and marital or family status. All information contained in this application is strictly confidential.

Who can accept a Raising Riley Scholarship?

ANY licensed child care provider/center in Manhattan/Riley County area can accept Raising Riley Funds.

The ONLY requirements of the provider are the following:

- ✓ Be a licensed child care provider or center in the Manhattan/Riley County area
- ✓ Complete page 6 of this application
- ✓ Allow Raising Riley to conduct 2 scheduled observations yearly
- ✓ Complete a monthly reimbursement form (monthly funds will be paid directly to the child care provider)

How to find child care:

- ✓ If you currently have a licensed child care, ask your provider to complete page 6 and review the requirements above
- ✓ If you are looking for child care, visit the following websites:

<http://www.childcareaware.org/>



<http://www.raisingriley.com/>



<https://kscaportalp.dcf.ks.gov/oids/>





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To be considered for a scholarship:

- ✓ You must meet the following income eligibility:

Household Size	Gross Yearly Income (must be at or below)	<p><u>Eligible Income Sources</u></p> <p>The following are sources of income that must be counted when determining eligibility for child care services:</p> <ol style="list-style-type: none"> 1. Gross earned wages 2. Adjusted gross income from taxable self-employment income 3. Social Security Benefits 4. Workers' compensation 5. Unemployment insurance benefits (UIB) 6. Alimony/maintenance 7. Child support, direct or indirect 8. Armed Forces pay (will include base pay, BAH, allotments, and hazardous duty pay) <p>The following are sources of income which are not counted when determining eligibility for child care services:</p> <ol style="list-style-type: none"> 1. Supplemental Security Income (SSI) 2. Loans, grants and scholarships
2	\$29,471	
3	\$37,167	
4	\$44,863	
5	\$52,559	
6	\$60,255	
7	\$67,951	
8	\$75,647	

- ✓ All parents/guardians must be **ONE** of the following:
 - Employed full-time (35+ hours per week)
 - Be a full-time student (full time high school student, full-time undergrad=12 hours, masters student=9 hours) Raising Riley providers scholarships to students seeking first time undergraduate/masters degrees. Funding is not available for doctoral students.
 - Part-time student & part-time employment (A combination of employment and school can be considered if the hours equal full-time status.)
- ✓ You must live in Manhattan/Riley County area.
- ✓ Your child must be birth through five years old (not yet eligible for kindergarten).
- ✓ Your child must be ENROLLED in full-time care (35+ hrs/wk) with a licensed provider in the Manhattan/Riley County area
- ✓ If your child receives other financial assistance for child care, for example, any payments from DCF assistance, army child care assistance, discounts by providers, etc. those must be reported.
- ✓ Your application must be completed and all supporting documentation (*listed on page 4*) must be returned with it.

Temporary Scholarship Award: A temporary scholarship *may* be awarded for child care during the job search process. This award will be for a one month period. At the conclusion of the one month period application will be reviewed with the family.

Emergency Scholarship Award: A temporary scholarship *may* be awarded for child care during a family crisis. Each situation will be addressed individually.

Wait List: In the event of a wait list, applications will be reviewed and prioritized based on the Raising Riley Risk Factor Assessment.



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Scholarship Recipient Information

Child's Information (Scholarship Recipient)

Child's Name (Last, First, MI)		Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Child Care Provider/Center Name	Child Ethnicity <input type="checkbox"/> Hispanic/Latino/Spanish Origin <input type="checkbox"/> Non-Hispanic/Non-Latino/Not Spanish Origin		
Was child born premature? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of week premature: _____	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other		

Household Information

(Please check all of the following that apply)

Housing Arrangement <input type="checkbox"/> Stable Housing <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Homeless/living in a shelter	Family Military Status (Select One) <input type="checkbox"/> Parent/Guardian Current Armed Forces <input type="checkbox"/> Parent/Guardian Former Armed Forces <input type="checkbox"/> None
Persons in household: # of Adults (including self) in household _____ # Children- Under 18 (including recipient) in household _____	Parent/Guardian Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ Child Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____

Family and Child Medical Information

Does your child have a developmental delay, disability, or health condition? <input type="checkbox"/> Yes (<i>documented</i>) <input type="checkbox"/> Yes (<i>suspected</i>) <input type="checkbox"/> No If yes, please explain: _____		Does your child have an: <input type="checkbox"/> Individualized Education Plan (IEP) <input type="checkbox"/> Individualized Family Service Plan (IFSP) (please attach documentation for assistance plan)	
Child Health Insurance <input type="checkbox"/> Medicaid/State Medical Insurance Program <input type="checkbox"/> No Insurance <input type="checkbox"/> Private or Other <input type="checkbox"/> Tri-Care (Military Insurance) <input type="checkbox"/> Unknown	Parent/ Guardian Health Insurance <input type="checkbox"/> Medicaid/State Medical Insurance Program <input type="checkbox"/> No Insurance <input type="checkbox"/> Private or Other <input type="checkbox"/> Tri-Care (Military Insurance) <input type="checkbox"/> Unknown	Does your child have access to health care? <input type="checkbox"/> Yes (<i>pediatrician/family doctor/primary care physician</i>) <input type="checkbox"/> No	

Other Qualifying Information

Are you experiencing a family emergency or have an individual need to be taken into consideration? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____
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Parent/Guardian (Primary Contact)

Primary Caregiver's Name (Last, First, MI)		Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married	
Mailing Address		City	County
Zip Code			
Home Phone	Cell Phone	E-mail Address	

Highest Education Completed *(select one)*

- ☐ Currently enrolled in high school ☐ Of high school age, not enrolled ☐ Less than HS diploma ☐ GED
☐ HS Diploma ☐ Some college/training ☐ Technical Training Certification/ Associate Degree
☐ Bachelor degree or higher ☐ Other : _____

Employment		Date Hired	Job Title
Supervisor	Phone	Your Work Information Hourly wage: \$_____ Hours worked/week: _____	

Other Parent/Guardian

Other Caregiver's Name (Last, First, MI)		Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married	
Mailing Address		City	County
Zip Code			
Home Phone	Cell Phone	E-mail Address	

Highest Education Completed *(select one)*

- ☐ Currently enrolled in high school ☐ Of high school age, not enrolled ☐ Less than HS diploma ☐ GED
☐ HS Diploma ☐ Some college/training ☐ Technical Training Certification/ Associate Degree
☐ Bachelor degree or higher ☐ Other : _____

Employment		Date Hired	Job Title
Supervisor	Phone	Your Work Information Hourly wage: \$_____ Hours worked/week: _____	



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Household Income Information

REQUIRED: Please attach the following information (where applicable):

- ☐ Most recent 3 months of income verification (pay stubs, etc.) for ALL employment income
- ☐ 2015 Tax Return showing Adjusted Gross Income (*for self-employment ONLY*)
- ☐ Address Verification- Must include name and address
- ✓ Utility bill - gas, electricity, phone
 - ✓ Bank or credit card statement
 - ✓ Vehicle registration or tax
 - ✓ Driving license with address
 - ✓ Other government or financial institution issued document
- ☐ Student Enrollment (course schedule showing **name**, **hours enrolled** and **semester**)
- (Check one)
- ☐ Part-time student ☐ Full-time student
- ☐ Foster Verification

Does your family RECEIVE any of the following:	Yes	No	Amount Received Monthly
Child Support			\$
Army Child Care in Your Neighborhood (ACCYN) (NACCRA)			\$
DCF Child Care Subsidy			\$
Discount or other reduction in tuition from child care provider			\$
Any other assistance with child care? If yes, explain: _____			\$
TOTAL MONTHLY CHILD CARE ASSISTANCE			\$



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Responsibilities of Parent/Guardian

Please read and initial each bullet and sign at the bottom of the page.

	I declare that this application is true and correct.
	I understand that if I receive a Child Care Scholarship to which I am not entitled as a result of providing false information, I must repay the cost of that assistance.
	I understand that my child must be in full-time care (35+ hrs/wk) with a licensed childcare provider.
	Both parents/guardians must be individually employed at least 35 hours a week. Students must be enrolled fulltime in high school classes or 12 plus hours for undergrad status/9 plus hour for graduate status. A combination of employment and school can be considered if the hours equal full-time status.
	I understand that my eligibility status or scholarship amount may change to reflect any additional childcare subsidies.
	I understand that my child must be birth to five years old and not yet eligible for Kindergarten.
	I understand that it is my responsibility to provide proof of income, student status and other requested information needed to determine eligibility for this program and that failure to do so can result in my application being denied.
	I understand that proof of income, student status, and other requested information needed may be requested semi-annually and as often as the Raising Riley program deems necessary.
	I understand that I must notify RR two (2) weeks prior to exiting the scholarship program for any reason.
	I grant permission to the Raising Riley Program to exchange information with other agencies offering child care assistance. (Ex: ACCYN, DCF, Child Care Center, etc.)
	I understand that award amounts are subject to change based upon availability of funds.
	It is the parent/guardian's responsibility to notify RR in writing within 5 days when a change in circumstances takes place, such as job changes, student status changes, income changes, additional child care subsidies received (ACCYN, DCF, PAWS, etc.), new household members, new child care providers, etc. <u>Failure to do so may result in loss of funding.</u>
	I understand that if I receive a Child Care Scholarship, I agree to: <ul style="list-style-type: none"> <input type="checkbox"/> Upon award notification, the parent/guardian agrees to meet with a RR Early Childhood representative for orientation and child assessment. Scholarship will begin when orientation is completed. <input type="checkbox"/> Ensure my child receives a one-time early childhood screening through Tiny-K within 6 months of the date my child was awarded the scholarship, unless previously screened and documented or an IEP or IFSP. <input type="checkbox"/> Agree to mandatory assessments completed by a Raising Riley representative by appointment twice a year at the FCRC building. (Text messages will be sent as appointment reminders) <input type="checkbox"/> Parent/guardian must provide RR a two week notice when the child will be leaving the scholarship program for any reason. Exit developmental screenings must be completed by RR program in order for final month's scholarship reimbursement to be dispersed. If not completed due to parent/guardian non-notification, scholarship will be suspended for last month's attendance and parent/guardian is responsible for payment in full to provider.

To Whom It May Concern:

I hereby authorize any person, agency, or institution to supply information concerning myself or my family as requested by the Riley County Health Department Raising Riley Program and to allow inspection and reproduction of records in their possession by any duly authorized representative of the Raising Riley Program and the Riley County Health Department.

I herewith release any person, agency or institution from any and all liability to myself or to my family for supplying such information.

This authorization is given only in connection with its use by the Raising Riley Program and the Riley County Health Department in its administration of the Raising Riley Program and for no other purpose.

Parent/Guardian Signature:	
Parent/Guardian Signature:	



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Child Care Enrollment and Fee Verification Form

This form is to be completed by the **director of the child care center or the child care provider** and returned with the completed application.

Provider Information

Name of Daycare/Center/Facility:		License Number: Note: Providers must have permeant license.	Do you participate in the Child Care Aware? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you accept DCF funds? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Director/Provider/Contact:			
Mailing Address		City	Zip Code
Work Phone	E-mail Address		Do you check e-mail regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No

Enrollment Information (via Provider)

Child's Name (Last, First, MI)		Start Date of Care	Full-Time Care? 35 hrs + <input type="checkbox"/> Yes <input type="checkbox"/> No
Tuition Charged: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	Tuition (before any discounts or subsidies) \$ _____	DCF or sibling/employee discounts/payments \$ _____	

Child Care Center or Family Child Care Provider Responsibilities (please initial each):

- This completed page must accompany each scholarship application
- Child Care Center/Provider must have a permanent child care license.
- Provider must complete and submit **Child Care Scholarship Reimbursement Form** monthly for payment.

A Welcome to Raising Riley packet will be sent to the provider as soon as scholarship is awarded. The packet will outline how to submit for your monthly reimbursement. Reimbursement will be paid directly to provider.

- I will allow a Raising Riley facilitator will visit home provider/center classroom for an observation twice a year.
- If the child is ending care with the provider, the provider must notify Raising Riley immediately to avoid overpayment of funds.

I certify that the information listed above is accurate to the best of my knowledge and that this child is enrolled in care on a full-time basis. I also understand that it is my responsibility to notify Raising Riley of any change in payments, hours of child care with this child

Signature of Parent/Guardian to Scholarship Applicant	Date
Signature of Center Director or Licensed Family Child Care Provider	Date

